

Form **8872***

(November, 2002)

Department of the Treasury
Internal Revenue Service**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning JANUARY 1, 20 13 and ending JUNE 30, 20 13**B** Check applicable boxes ☐ Initial report ☐ Change of address ☐ Amended report ☐ Final report**1** Name of organization LABORERS LOCAL 60 PAC FUND **Employer identification number** 32-0134986**2** Mailing address (P O Box or number, street, and room or suite number)
140 BROADWAY
City or town, state, and ZIP code
HAWTHORNE, NY 10532**3** E-mail address of organization NONE **4** Date organization was formed
JANUARY 1, 2004**5a** Name of custodian or records LABORERS LOCAL 60 UNION OF N.A **5b** Custodian's address
SAME AS ABOVE**6a** Name of contact person CARLOS ASCENCAO **6b** Contact person's address
SAME AS ABOVE**7** Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
City or town, state, and ZIP code**8** Type of report (check only one box)**a** ☐ First quarterly report (due by April 15)**b** ☐ Second quarterly report (due by July 15)**c** ☐ Third quarterly report (due by October 15)**d** ☐ Year-end report (due by January 31)**e** ☒ Mid-year report (Non-election
year only-due by July 31)**f** ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except the
December report, which is due by January 31)**g** ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election _____
(2) Date of election _____
(3) For the state of _____**h** ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election _____
(2) For the state of _____**9** Total amount of report contributions (total from all attached Schedules A) **9** 6,321**10** Total amount of reported expenditures (total from all attached Schedules B) **10** 3,450**Sign
Here**Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge
and belief, it is true, correct and complete

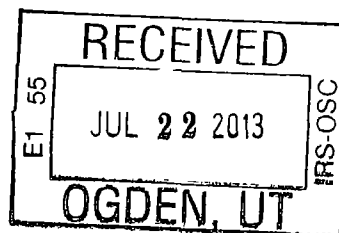
Signature of authorized official

Date

For Paperwork Reduction Act Notice, see separate instructions

Form **8872** (11-2002)

SCANNED JUL 29 2013



P 21

Schedule A Itemized Contributions

Schedule A page 1 of 1

Employer identification number

32-0134986

Name of organization

LABORERS LOCAL 60 PAC FUND

Contributor's name, mailing address and ZIP code

AGGREGATE BELOW THRESHOLD

140 BROADWAY

HAWTHORNE, NY 10532

Name of contributor's employer

N/A

Contributor's occupation

POLITICAL ORGANIZATION

Aggregate contributions

year-to-date ▶ \$ 6,321

Amount of contribution

\$ 6,321

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Contributor's occupation

Aggregate contributions

year-to-date ▶ \$

Amount of contribution

\$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Contributor's occupation

Aggregate contributions

year-to-date ▶ \$

Amount of contribution

\$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Contributor's occupation

Aggregate contributions

year-to-date ▶ \$

Amount of contribution

\$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Contributor's occupation

Aggregate contributions

year-to-date ▶ \$

Amount of contribution

\$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Contributor's occupation

Aggregate contributions

year-to-date ▶ \$

Amount of contribution

\$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Contributor's occupation

Aggregate contributions

year-to-date ▶ \$

Amount of contribution

\$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Contributor's occupation

Aggregate contributions

year-to-date ▶ \$

Amount of contribution

\$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Contributor's occupation

Aggregate contributions

year-to-date ▶ \$

Amount of contribution

\$

Date of contribution

Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶

\$ 6,321

Schedule B Itemized Expenditures

Schedule B page 1 of 1

Name of organization

Employer identification number

LABORERS LOCAL 60 PAC FUND

32-0134986

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

FRIENDS OF ROB ASTORINO

N/A

\$ 1,000

PO BOX 100

Recipient's occupation

Date of expenditure

SOUTH SALEM, NY 10590

POLITICAL ORGANIZATION

1/30/2013

Purpose of expenditure

POLITICAL CONTRIBUTION

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

WESTCHESTER COUNTY DEMOCRATIC COMMITTEE

N/A

\$ 500

170 EAST POST ROAD

Recipient's occupation

Date of expenditure

SUITE 210

WHITE PLAINS, NY 10601

POLITICAL ORGANIZATION

1/30/2013

Purpose of expenditure

POLITICAL CONTRIBUTION

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

FRIENDS OF ROB ASTORINO

N/A

\$ 1,000

PO BOX 100

Recipient's occupation

Date of expenditure

SOUTH SALEM, NY 10590

POLITICAL ORGANIZATION

4/29/2013

Purpose of expenditure

POLITICAL CONTRIBUTION

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

AGGREGATE BELOW THRESHOLD

N/A

\$ 950

140 BROADWAY

Recipient's occupation

Date of expenditure

HAWTHORNE, NY 10532

POLITICAL ORGANIZATION

6/30/2013

Purpose of expenditure

POLITICAL CONTRIBUTION

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872.

\$ 3,450

Form 8872 (11-2002)